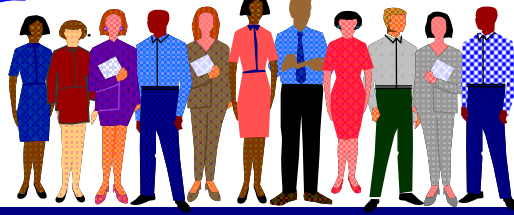


Personnel Issues & You



UPPS Newsletter 2003-6

June 1, 2003

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Immediate Family Clarified

101 KAR 2:105, Section 1 (2) defines immediate family for the purposes of the sick leave sharing program. This definition is also used for the purposes of regular sick leave use and for family and medical leave.

Included in the definition (2) (a) are "spouse, mother, father, grandparent, son or daughter". While not specifically mentioned, brother and sister may be considered immediate family for the purposes discussed here.

Note that those categories listed in (a) do not have to meet the requirements in (b) 1 or 2. In other words the categories in (a) do not have to have resided with the employee for 30 days.

Life Insurance Premium Changes

The Personnel Cabinet Group Life Insurance Administration Branch announces the renewal of the Life Insurance contract with

Standard Insurance Company effective July 1, 2003. This renewal contract will remain in effect until June 30, 2004. The State Paid Basic Life Insurance will remain at \$20,000.

With this renewal contract all plans will remain the same but premiums will increase for all coverage's. Please refer to the attached renewal rate sheet for the new premiums starting effective July 1, 2003.

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Life Insurance Premium Changes *continued*

- Basic rate will increase from \$ 1.96 to \$ 2.16. This amount is employer paid.
- Optional Rate for employees under 40 will increase from \$.21 to \$.23 per thousand dollars of coverage.
- Optional Rate for 40-59 will increase from \$.50 to \$.55 per thousand dollars of coverage.
- Optional Rate for 60 and up will increase from \$.80 to \$.88 per thousand dollars of coverage.
- Dependent Plan A will change from the current premium of \$10.00 to \$10.90.
- Dependent Plan B will change from the current premium of \$ 5.35 to \$ 5.90.
- Dependent Plan C will change from the current premium of \$ 2.25 to \$ 2.50.
- Dependent Plan D will change from the current premium of \$ 7.90 to \$ 8.70.
- Dependent Plan E will change from the current premium of \$ 3.25 to \$ 3.60.

All plans will remain the same with four (4) optional plans and five (5) dependent plans for you to select from.

There **will not** be an open enrollment scheduled for this renewal period. New enrollments will not be required for those employees not wanting to make a change.

Please remind any employees with spouse coverage that once they are divorced, their spouse is no longer eligible for coverage. An enrollment will need to be completed to terminate this coverage.

The Basic and Dependent deductions will be changed by Payroll and GOT but any employee with the optional deduction (18) will need to be changed by the individual locations. Each location will be responsible for advising employees of the rate change for their optional and/or dependent coverage.

If you should have any questions or need additional information, contact the Personnel Cabinet, Group Life Insurance Administration Branch at (502) 564-4774 or (800) 267-8352.

Name and SSN Must Match on Form W-2

Each year the Commonwealth of Kentucky submits to the Social Security Administration hundreds of Forms W-2 on which the names and the social security numbers do not match. When such a mismatch is submitted, the SSA is unable to record the earnings information in the employee's lifelong earnings history.

The SSA uses the earnings history to determine an employee's future eligibility and benefit amounts in the SSA's retirement, disability and survivors programs. That is why it is so important that each employee's name and SSN (as shown on their social security card) match your payroll records and year-end Forms W-2.

In addition, the Internal Revenue Service can apply penalties to the employer to the tune of \$50 for each mismatched Form W-2 presented to an employee PLUS \$50 per mismatched Form W-2 submitted to the SSA.

The IRS *Publication 15, Circular E, Employer's Tax Guide* contains instructions for recording employee's names and SSNs. According to the tax guide, after an employee is hired, you should ask to see their social security card. Record the name and number exactly as they are shown on the card. (You may, but are not required to, photocopy the card.)

If the name is not correct as shown on the card or if an employee requests a name change on your payroll records because of marriage, divorce, etc., the employee must request a new social security card from the SSA. You should continue to use the employee's old name until they show you a new social security card with the new name.

A correct social security card can be obtained by completing Form SS-5 (Application for a Social Security Card). The Form SS-5 can be obtained at any SSA office, by calling 1-800-772-1213 or from the SSA web site at www.ssa.gov. The Form SS-5 must be completed, signed and filed by the employee (not the employer). Additional questions regarding state employee wage reporting may be directed to the Kentucky Division of Social Security at 502/564-3952.

PERSONNEL CABINET / GROUP LIFE INSURANCE ADMINISTRATION

RENEWAL RATES **FOR COVERAGE EFFECTIVE 07/01/03 – 06/30/04**

CARRIER: STANDARD INSURANCE COMPANY

POLICY NUMBER: 641682-A

All Eligible Employees (state employees, elected state officials, health departments and school board employees) \$20,000

The amount of Accidental Death and Dismemberment Insurance is an amount equal to the Basic Insurance amount. The Basic rate premium is \$ 2.16 (employer paid).

DEPENDENT INSURANCE

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
Insurance on Spouse	\$ 10,000	\$ 5,000	\$ 5,000	\$ 10,000	\$ -
Insurance on each child to age 6 months	\$ 2,500	\$ 1,500	\$ -	\$ -	\$ 2,500
6 months to 18 years of age or 18 and older if attending an educational institution and relying on employee for financial support	\$ 5,000	\$ 3,000	\$ -	\$ -	\$ 5,000
Monthly Premium	\$ 10.90	\$5.90	\$ 2.50	\$ 8.70	\$ 3.60

OPTIONAL INSURANCE

Plan 1 \$ 5,000
Plan 2 \$10,000
Plan 3 One Times Annual Salary*
Plan 4 Two Times Annual Salary*

*Evidence of insurability may be required for insurance over \$ 150,000.

The amount of Accidental Death and Dismemberment Insurance is an amount equal to the Optional Insurance amount.

MONTHLY RATES PER THOUSAND OF INSURANCE FOR OPTIONAL COVERAGE

<u>AGE</u>	<u>OPTIONAL RATE</u>
Under 40	.23 per \$ 1,000
40 – 59	.55 per \$ 1,000
60 and up	.88 per \$ 1,000

The following is the web site address for the Personnel Cabinet, Group Life Insurance.

<http://personnel.ky.gov/lifeins/lifeins.htm>

Revised 05/15/03

Typing Tests Eliminated

Effective June 1, 2003, the Division of Staffing Services will no longer require entry typing tests. This action is a result of agency responses to a recent survey as well as a *best practices survey* of other jurisdictions.

However, as agreed with the Personnel Council, the procedures below will serve as guidelines for assessing applicants typing abilities.

1. Accept the typing speed indicated on an individual's application and use the probationary period to determine if the individual's typing skills meet the job requirements outlined on the class specification.
2. If a typing sample is needed, the applicant should be informed of such during their interview with the agency.
3. If a typing test is required for competitive applicants, the agency should extend a tentative offer of employment to an applicant contingent upon successful completion of the typing test. The applicant can then be referred to the Applicant Processing Branch of the Division of Staffing Services at 564-8030 ext. 2614, who will schedule their typing test at the typing speed enumerated on the class specification for the position being filled.

The selection method block of all class specifications currently requiring entry typing tests will be revised. Below is the selection method block that is currently displayed for the Secretary III entitled OLD. When the specs are revised by the Staffing Analysis Branch, they will appear as illustrated below in the example entitled NEW. The designation "at agency discretion" indicates that the agency may request a typing test as indicated in item 3 above.

OLD

SELECTION METHOD: 100% WRITTEN AND PASS	
TYPING: (45 CWPM)	REV. 05-98
NO. OF TEST QUESTIONS: 125	
SELECTION ID: 8511	
EXAM NO. WRITTEN: 1477	TYPING: 506/507

NEW

SELECTION METHOD: 100% WRITTEN	
TYPING: 45 CWPM (at agency discretion)	REV. 05-03
NO. OF TEST QUESTIONS: 125	
SELECTION ID: 8511	
EXAM NO. WRITTEN: 1477	TYPING: 506/507

Voluntary Transfer/Demotion/Salary Retention Agreement Form

The Personnel Cabinet is requiring the submission of a Voluntary Transfer/Demotion/Salary Retention Agreement Form with all P-1 requests for voluntary transfer/demotion in order to verify the specific action agreed to by both the agency and the employee as well as verifying that the employee has been informed of the regulations relative to retention of salary if that is the case. This form is attached for your convenience and is also available in the Forms Library at <http://kygovnet.state.ky.us/personnel/voltrans.doc>.

VOLUNTARY TRANSFER / DEMOTION / SALARY RETENTION AGREEMENT FORM

Pursuant to 101 KAR 2:034, Section 3 (2)(a) 1,2, (b), if an employee is demoted, the appointing authority shall determine the salary in one (1) of the following ways: (1) The employee's salary shall be reduced by five (5) percent for each grade the employee is reduced; or (2) **The employee shall retain the salary received prior to demotion. If the employee's salary is not reduced upon demotion, the appointing authority shall explain the reason in writing and place the explanation in the employee's personnel file.**

(b) The employee whose salary is not reduced by five (5) percent per grade upon demotion shall not be eligible for a salary increase upon promotion, reclassification, detail to special duty or reallocation until he is moved to a job class with a higher pay grade than that from which he was demoted. If a promotion, reclassification, detail to special duty or reallocation occurs, it shall be deemed as having been made from the grade from which the employee had been demoted.

My signature below indicates that I understand the personnel regulation with regard to demotion and that I have read the terms as set forth in 101 KAR 2:034 and as described in this document. I understand that if I retain the salary received prior to demotion, I forfeit claims to a salary adjustment as the result of promotions, reclassifications, detail to special duty assignments and reallocations until such time that promotions, reclassifications, detail to special duty assignments and reallocations exceed the pay grade from which I was demoted. I understand that this action does not affect my annual increment and that I will continue to receive same as approved by the Legislative and/or Executive Branch of Kentucky State Government. I understand and agree that all rights of grievance or appeal are waived and that the statements in this form represent the entire agreement relating to my voluntary transfer or demotion, superceding any oral agreements or other representations that may have been made by any person.

Effective Date of Action _____

State Reason(s) for requested Voluntary Transfer/Demotion _____

Note to agency: Please submit this form along with the personnel action to the Personnel Cabinet, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601, prior to the effective date of the action. This document will be retained in the employee personnel file.

Check either the Voluntary Transfer or Demotion box, or both, complete the form, and sign on the designated line:

I, _____, a Merit employee of _____
 (Name) (SS#) (Agency)
 do hereby accept the **Voluntarily Transfer** ☐, and/or **Voluntary Demotion** ☐ as indicated below and waive the right of appeal concerning the transfer/demotion. I will report to my new work station and/or accept a position in a lower classification.

	FROM:	TO:
Position #		
Class Title:		
Grade & Salary:		
Increment Date:		
Cabinet:		
Dept:		
Division:		
Branch/ Section:		
Unit:		
Work County:		

 Signature of Employee indicating acknowledgement/ agreement.

 Date

 Signature of Appointing Authority / Designee
 indicates approval and agreement.

 Date

Attachments: Letter of Justification from Appointing Authority